

Exhibit A



State of Alabama
Unified Judicial System
Form AR Civ-93 Rev. 9/18

**COVER SHEET
CIRCUIT COURT - CIVIL CASE**
(Not For Domestic Relations Cases)

Case
31

Date of Filing: 09/02/2020 Judge Code:

GENERAL INFORMATION

**IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA
BARBARA LYNN PEDIGO v. RELIANCE STANDARD LIFE INS. COMPANY**

First Plaintiff: Business Individual
 Government Other

First Defendant: Business Individual
 Government Other

NATURE OF SUIT: Select primary cause of action, by checking box (check only one) that best characterizes your action:

TORTS: PERSONAL INJURY

- WDEA - Wrongful Death
- TONG - Negligence: General
- TOMV - Negligence: Motor Vehicle
- TOWA - Wantonness
- TOPL - Product Liability/AEMLD
- TOMM - Malpractice-Medical
- TOLM - Malpractice-Legal
- TOOM - Malpractice-Other
- TBFM - Fraud/Bad Faith/Misrepresentation
- TOXX - Other: _____

TORTS: PERSONAL INJURY

- TOPE - Personal Property
- TORE - Real Properly

OTHER CIVIL FILINGS

- ABAN - Abandoned Automobile
- ACCT - Account & Nonmortgage
- APAA - Administrative Agency Appeal
- ADPA - Administrative Procedure Act
- ANPS - Adults in Need of Protective Services

OTHER CIVIL FILINGS (cont'd)

- MSXX - Birth/Death Certificate Modification/Bond Forfeiture Appeal/Enforcement of Agency Subpoena/Petition to Preserve
- CVRT - Civil Rights
- COND - Condemnation/Eminent Domain/Right-of-Way
- CTMP - Contempt of Court
- CONT - Contract/Ejectment/Writ of Seizure
- TOCN - Conversion
- EQND - Equity Non-Damages Actions/Declaratory Judgment/Injunction Election Contest/Quiet Title/Sale For Division
- CVUD - Eviction Appeal/Unlawful Detainer
- FORJ - Foreign Judgment
- FORF - Fruits of Crime Forfeiture
- MSHC - Habeas Corpus/Extraordinary Writ/Mandamus/Prohibition
- PFAB - Protection From Abuse
- EPFA - Elder Protection From Abuse
- FELA - Railroad/Seaman (FELA)
- RPRO - Real Property
- WTEG - Will/Trust/Estate/Guardianship/Conservatorship
- COMP - Workers' Compensation
- CVXX - Miscellaneous Circuit Civil Case

ORIGIN: F INITIAL FILING

A APPEAL FROM
DISTRICT COURT

O OTHER

R REMANDED

T TRANSFERRED FROM
OTHER CIRCUIT COURT

HAS JURY TRIAL BEEN DEMANDED? YES NO

Note: Checking "Yes" does not constitute a demand for a jury trial. (See Rules 38 and 39, Ala.R.Civ.P, for procedure)

RELIEF REQUESTED:

MONETARY AWARD REQUESTED NO MONETARY AWARD REQUESTED

ATTORNEY CODE:

ALL016

9/2/2020 2:31:15 PM

/s/ MYRON KAY ALLENSTEIN

Date

Signature of Attorney/Party filing this form

MEDIATION REQUESTED:

YES NO UNDECIDED

Election to Proceed under the Alabama Rules for Expedited Civil Actions:

YES NO

State of Alabama Unified Judicial System Form C-10 Page 1 of 2 Rev.2/95		AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER	Case Number
IN THE <u>Circuit</u> COURT OF <u>Etowah County</u> , ALABAMA (Court, District, or Municipal) STYLE OF CASE: <u>Barbara Pedigo</u> Plaintiff(s) v. <u>Reliance Standard</u> Defendant(s) (Name of County or Municipality)			
TYPE OF PROCEEDING: _____ CHARGE(s) (If applicable): _____			
<input checked="" type="checkbox"/> CIVIL CASE - I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case. <input type="checkbox"/> CIVIL CASE - (such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the court appoint one for me. <input type="checkbox"/> CRIMINAL CASE - I am financially unable to hire an attorney and request that the court appoint one for me. <input type="checkbox"/> DELINQUENCY/NEED OF SUPERVISION - I am financially unable to hire an attorney and request that the court appoint one for my child/me			
SECTION 1. AFFIDAVIT <ol style="list-style-type: none"> IDENTIFICATION <p>Full name <u>Barbara Lynn Pedigo</u> Date of Birth <u>6-6-64</u> Spouse's full name (if married) <u>Gary Eugene Pedigo</u> Complete home address <u>9893 Windmill Road Fairhope AL 36532</u></p> <p>Number of people living in household <u>2</u> Home telephone number <u>(251) 455-9931</u> Occupation/Job <u>Disabled</u> Length of employment <u>N/A</u> Driver's license number <u>60054754</u> Social Security Number <u>422-06-4306</u> Employer <u>N/A</u> Employer's telephone number <u>N/A</u> Employer's address <u>N/A</u></p> ASSISTANCE BENEFITS <p>Do you or anyone residing in your household receive benefits from any of the following sources? (If so, please check those which apply)</p> <p><input type="checkbox"/> AFDC <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <u>Social Security disability</u></p> INCOME/EXPENSE STATEMENT <p>Monthly Gross Income: Monthly Gross Income <u>\$ 2000</u> Spouse's Monthly Gross Income (unless a marital offense) <u>\$ 2442.00</u> Other Earnings: Commissions, Bonuses, Interest Income, etc., <u>\$ 0</u> Contributions from Other People Living in Household <u>\$ 0</u> Unemployment/Workman's Compensation, <u>\$ 0</u> Social Security, Retirement, etc., <u>\$ 0</u> Other Income (be specific) <u>\$ 0</u></p> <p>TOTAL MONTHLY GROSS INCOME <u>\$ 4,442.00</u></p> <p>Monthly Expenses: A. Living Expenses Rent/Mortgage <u>\$ 1280.05</u> Total Utilities: Gas, Electricity, Water, etc. <u>\$ 290.00</u> Food <u>\$ 500.00</u> Clothing <u>\$ 100.00</u> Health Care/Medical <u>\$ 948.00</u> (Cobra-5829 Supplement Ins \$ 222.86 Insurance <u>Car Ins \$ 100</u> + RX INS \$ 6.90 + Rx prescriptions Car Payment(s)/Transportation Expenses <u>\$ 500 Natural gas</u> + Co-pays Loan Payment(s) <u>\$ 0</u></p> <p>Cell + Internet <u>155.00</u></p> 			

Form C-10 Page 2 of 2 Rev. 2/95	AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER	
Monthly Expenses: (cont'd page 1)		
Credit Card Payment(s)		<u>100 Care credit + card</u>
Educational/Employment Expenses		<u>0</u>
Other Expenses (be specific)		<u>0</u>
Sub-Total		A \$ <u>100⁰⁰</u>
B. Child Support Payment(s)/Alimony	\$ <u>0</u>	
Sub-Total		B \$ <u>0</u>
C. Exceptional Expenses	\$ <u>0</u>	
TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)		\$ <u>0</u>
Total Gross Monthly Income Less total monthly expenses:		
DISPOSABLE MONTHLY INCOME		<u>369⁰⁰</u>
4. LIQUID ASSETS:		
Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)		
Equity in Real Estate (value of property less what you owe)		
Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishing, jewelry, tools, guns, less what you owe)		
Other (be specific)		
Do you own anything else of value? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (land, house, boat, TV, stereo, jewelry) If so, describe _____		
TOTAL LIQUID ASSETS		<u>0</u>
5. Affidavit/Request		
I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel.		
Sworn to and subscribed before me this		
<u>Barbara L Pedigo</u> Judge/Clerk/Notary		
Barbara L Pedigo Print or Type Name		
SECTION II		
ORDER OF COURT		
IT IS THEREFORE, ORDERED, AND ADJUDGED BY THE COURT AS FOLLOWS:		
<input type="checkbox"/> Affiant is not indigent and request is DENIED. <input type="checkbox"/> Affiant is partially indigent and able to contribute monetarily toward his/her defense; therefore defendant is ordered to pay \$ _____ towards the anticipated cost of appointed counsel. Said amount is to be paid to the clerk of court or as otherwise ordered and disbursed as follows: <input type="checkbox"/> Affiant is indigent and request is GRANTED. <input type="checkbox"/> The prepayment of docket fees is waived.		
IT IS FURTHER ORDERED AND ADJUDGED that _____ is hereby appointed as counsel to represent affiant.		
IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.		
Done this _____ day of _____		
_____ Judge		

IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

BARBARA PEDIGO,

*

Plaintiff,

*

v.

*

Case Number: _____

RELIANCE STANDARD LIFE INSURANCE
COMPANY,

*

Defendant

*

COMPLAINT**ERISA LTD Benefits**

1. Plaintiff, age 56, a 12 year former employee of Thomas Hospital, is totally disabled.
2. Reliance Standard Life Insurance Company administers Plaintiff's LTD Plan through Infirmary Health System, Inc.
3. Plaintiff is disabled due to depression and anxiety.
4. Plaintiff applied for long term disability benefits which were denied on August 14, 2019.
5. Defendant denied the claim, claiming Plaintiff's condition was pre-existing.
6. Plaintiff's disabling condition was not preexisting.
7. Counsel for Plaintiff submitted a letter dated 11/11/19 from Plaintiff's treating physician Dr. Harold Veits in which he stated depression was not a preexisting condition.
8. Counsel for Plaintiff submitted another letter dated 8/5/20 from Plaintiff's treating physician Dr. Harold Veits in which he stated again the depression was not a preexisting condition.
9. Plaintiff has exhausted all administrative remedies.
10. This claim is filed pursuant to 29 U.S.C. §1132.

WHEREFORE, Plaintiff prays for appropriate relief, attorney fees and costs which are less than \$50,000.



MYRON K. ALLENSTEIN (ALL016)
ROSE MARIE ALLENSTEIN (ALL060)
ALLENSTEIN & ALLENSTEIN, LLC
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IN THE CIRCUIT COURT OF ETOWAH COUNTY, ALABAMA

PEDIGO BARBARA LYNN)
Plaintiff,)
v.) Case No.: CV-2020-900502.00
RELIANCE STANDARD LIFE INS. COMPANY)
Defendant.)

ORDER ON AFFIDAVIT OF SUBSTANTIAL HARDSHIP

Affiant is indigent and request is GRANTED. The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.

DONE this 2nd day of September, 2020

/s/ CODY D. ROBINSON

CIRCUIT JUDGE



September 8, 2020

UJS Information

Case Number: 31-CV-2020-900502.00
Document Type: Complaint
Restricted Delivery Requested: No

Intended Recipient:
RELIANCE STANDARD LIFE INS. COMPANY (D001)
2 N. JACKSON STREET
SUITE 605
MONTGOMERY, AL 36104

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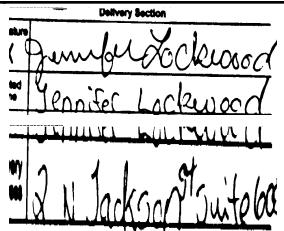
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